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Form A

UNITED STATES HOUSE OF REPRESENTATIVES

8	child because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	income, trans st consulted w	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
N <sub>S</sub>	sclosed. Have you Yes	d certain other "excepted trusts" need not be disi	on Ethics and dependent chil	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
	NSWER EACH OF THESE QUESTIONS	— AI	INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the inse.	stion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No C	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
S <sub>S</sub>	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S S S	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
N <sub>o</sub>	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
N <sub>o</sub>	d receive any in the reporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	Š	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
No No	receive any pregating more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	S S	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes
		E QUESTIONS	EACH OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
nore man	against anyone who mes more than 30 days late.	Termination Date:		Type Annual (May 16, 2011) Amendment
ssessed	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee	Status House of Representatives District: 7 TH
9: 56 L	U.S. HOURS DESIGNATED AM 9: 56 L	Daytime Telephone:	Daytime 1	Name: PATRICK L. Meehan
	GIST ATTIVE RESOURCE CLIS			
STR.	HAND DEI NERE	For use by Members, officers, and employees	AENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Name Patrick L. Machan Page 2 of 9

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source  Keene State  State of Maryland	Type Approved Teaching Fee Legislative Pension	Amount \$6,000 \$9,000
Dhila Dh		20 00 NA
Mercy Home Healthcare, Phila, PA	Jouse Salary	NA
Drexel University-School of Nursing	Spouse Salary	NA

Name	
PATRICICI, MEEHAN	

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# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

lope for transmitting the list is included in each Member's filing package. List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green enve-

Topo to manufactor to to more to more than the more of the particle.			
Source	Activity	Date	Amount
	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
NA			

### Asset and/or Income Source **BLOCK A**

of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated Identify (a) each asset held for investment or production

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

ment accounts which are not self-directed, provide only the name of the institution holding the account and its account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (i.e., plans in which you have For all IRAs and other retirement plans (such as 401(k)

For rental or other real property held for investment, pro-vide a complete address.

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If only a

tion in Block A. that is not publicly traded, state the name of the business, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business

Exclude: Your personal residence, trom, a tederal retirement program, ir accounts; and any financial interest in ing \$5,000 or less in a personal ch income during the reporting period); a homes and vacation homes (unless

income source is that of your spouse (thild (DC), or is jointly held with your spouse (the control of the contr If you so choose, you may indicate optional column on the far left.

please refer to the instruction booklet. For a detailed discussion of Scheduk

DC, Examples:

C する SUASO

COUNTY OF Delaw

LIFE STRATEDY HOL

457(b)

70

#### Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be year and is included only because it "None." f an asset was sold during the reporting

#### Type of Income

BLOCK C

Check all columns that apply. For if the asset generated no income durdisclosed as income. Check "None" gains, even if reinvested, must be Dividends, interest, and capital that generate tax-deferred income may check the "None" column. you to choose specific investments <u>or</u> retirement accounts that do not allow ng the reporting period (such as 401(k) plans or IRAs), you

#### Amount of Income

even if reinvested, must be disclosed Dividends, interest, and capital gains, indicate the category of income by as 401(k) plans or IRAs), you may check the "None" column. For all other assets, was earned or generated. as income. Check "None" if no income checking the appropriate box below. that generate tax-deferred income (such you to choose specific investments or For retirement accounts that do not allow

BLOCK D exceeding reporting year. \$1,000 in exchanges (E) sales (S), or purchases (P), asset had Transaction Indicate if the **PLOCK E** 

<sub>∽</sub>	C	27	Ó	67	37	90			SP P	ette a riship utriship utre o A. A. A. uur p treship it any less if any it any
54P500 INDX E	FUNO D	10 OTC	CONTRA	) PLAN		POPULO HOIK BLAN	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	ete address.  arship interest in a privately-held business blicly traded, state the name of the businure of its activities, and its geographic locand.  ary personal residence, including second vacation homes (unless there was rental githe reporting period); any deposits totalizers in a personal checking or saving dany financial interest in, or income derived all retirement program, including the Thrift cose, you may indicate that an asset or se is that of your spouse (SP) or dependent is jointly held with your spouse (JT), in the min on the far left.  discussion of Schedule III requirements, of the instruction booklet.
				<u> </u>	Ţ.,					None
			ļ	<u> </u>	$oldsymbol{\perp}$			₹		\$1 \$1,000
<u>×</u>	<b>×</b>	<u>×</u>	×		<b> &gt;</b>	۲		Indefinite	-	\$1,001 - \$15,000
		ļ	ļ	<b> </b>	_			क		\$15,001 - \$50,000
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		ļ	ļ	_	1		×			\$100,001 - \$250,000
<u> </u>			ļ	ļ	↓		1 :			\$250,001 - \$500,000
	-		···	<u>.</u>	1.				_	\$500,001 \$1,000,000
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			ļ	ļ	+				ļ	\$5,000,001 - \$25,000,000
		<u> </u>	1	1	╁					\$25,000,001 - \$50,000,000
				<u> </u>	4_			_		Over \$50,000,000
				ļ	ļ					NONE
	~	_	~	1	>				×	DIVIDENDS
	ļ	ļ	ļ	ļ	┿		×			RENT
			ļ	<b>1</b>	1_					INTEREST
ļ					1	,			×	CAPITAL GAINS
	ļ	ļ	<u> </u>	<u> </u>	1_					EXCEPTED/BLIND TRUST
							!	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
$\overline{x}$	<u>بر</u>	$\overline{x}$	$\overline{}$	1	5	7				None
	,			7						\$1 - \$200 /
				<u> </u>	1					\$201 – \$1,000
					T				×	\$1,001 - \$2,500
		····-		<u>†                                      </u>						\$2,501 - \$5,000
				1		- 4	×			\$5,001 - \$15,000
		<u> </u>			1					\$15,001 – \$50,000
					1					\$50,001 - \$100,000
<u> </u>	Ī	<u> </u>			T		أستم	×	تنس	\$100,001 - \$1,000,000
				1						\$1,000,001 - \$5,000,000
				<u> </u>	T					Over \$5,000,000
									S (partial	asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Patrick L. Meehan

Page U of C

					H	7							E				R	JT DC,	
	BANK OF AMERICA IRA	NES/FMTC IRA-Rollover	$   \sum_{i=1}^{n} $	Hillard Lyons Gout Fund	A BINGTON BANK ACCIS	FRANKLIN MINT FCU ACCIS	CAP API	INSTL IN	NY VEN	Lea. 1	-PMCOTOTAL RIN INSIL	AL SPORTS	Catholic Hewth 403b	Halliard Crimith Indix	1.7U(+	Vanaliard Windsor I Fund	403(b), Kehremant	·	BLOCK A  Asset and/or Income Source
			X	_			X	\ \	\   									None > \$1 - \$1,000	
	×	$\times$		×	×	×		$\langle      $	$(\Box$	<u> </u>				×	X	X		\$1,001 - \$15,000 C \$15,001 - \$50,000 C	Va
																		\$50,001 - \$100,000 m \$100,001 - \$250,000 m \$250,001 - \$500,000	BLOCK B Year-End Value of Asset
		,																\$500,001 - \$1,000,000	R Ind Asset
					:						-							\$5,000,001 ~ \$25,000,000	i
											- Z							Over \$50,000,000	
	×	×	×	×			×	X	Χ	Ϋ́	X	X		X	<u> </u>	Х		<b>DIVIDENDS</b> RENT	
					$\times$	X												INTEREST CAPITAL GAINS	BLOCK C Type of Incon
																		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	LOCK C Type Income
		×					X	X	χ	X	×	×		X.	X	X		None	
	×		K	×	×	×												\$201 - \$1,000 = \$1,001 - \$2,500 <	Amc
																		\$2,501 - \$5,000 <	BLO
																		\$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000	BLOCK D Amount of Income
																		\$50,001 - \$100,000 \( \subseteq \) \$100,001 - \$1,000,000 \( \subseteq \) \$1,000,001 - \$5,000,000 \( \subseteq \)	ome
F																		Over \$5,000,000	<u></u>
																		ருவு	BLOCK E <b>Transaction</b>

# SCHEDULE IV— TRANSACTIONS

Name Patrick L. Mechal

Page D of

											NA	SP Example:   Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	ates rental income. If only a portion of an asset is sold, please so indicates rental income. If only a portion of an asset is sold, please so indicate ( <i>l.e.</i> , "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
				, ·										PURCHASE		of Tr
												×		SALE		Type of Transaction
					t									EXCHANGE		ction
														Check Box if C Gain Exceeded	apital 1 \$200	
												10-12-10		Or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
						·		-	-					\$1,001- \$15,000	>	
												×		\$15,001- \$50,000	Φ.	
														\$50,001- \$100,000	n	Am
					 						<u></u>			\$100,001- \$250,000	0	Amount
														\$250,001- \$500,000	m	of T
		1	1			 		N 9		ļ				\$500,001- \$1,000,000	π	of Transaction
	`									-				\$1,000,001- \$5,000,000	ရ	actio
							·							\$5,000,001- \$25,000,000	<b>I</b>	Š
												_		\$25,000,001- \$50,000,000 Over		
														\$50,000,000	ے	

### **SCHEDULE V— LIABILITIES**

Name PATICK L. WEEDAN

Page \_\_\_\_of\_

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving

	<del>-</del>					
	JT SP,					
		Example:				
	Creditor	First Bank of Wilmington, DE	NA			
Date	Liability Incurred Mo/Year	May 1998				
	Type of Liability	Mortgage on 123 Main St., Dover, DE				
П	\$10,001- \$15,000					
	\$15,001- \$50,000					
11	\$50,001- \$100,000					
Amou	\$100,001- \$250,000 \$250,001-	×				
ᇍ	\$500,000 PR				 	
	\$1,000,000 T			. ;		
11	\$5,000,000 = ±					
	\$25,000,000 <b>-</b>					
$\left\{ \ \right\}$	\$50,000,000 Over \$50,000,000			,		

### SCHEDULE VI— GIFTS

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NA		

Name
Patrick
L. Meehan

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
-	Mar. 2	DC—Chicago—DC	z		Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Y	Υ	2 Days
AN						

### **SCHEDULE VIII—POSITIONS**

Name Potrick L. Mechan

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Sincil Member	National Holocoust Newsmal Museum (effective-May 2011)

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an

Date	Parties To	Terms of Agreement
	AN	
:		